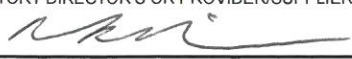


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2021
NAME OF PROVIDER OR SUPPLIER BLUEWEST OPPORTUNITIES-ORA HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 95 ORA STREET ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: The facility failed to assure the individual program plan (IPP) for 1 of 4 sampled clients (#5) included objective training to meet the client's leisure skill needs as evidenced by observation, interview and record verification. The finding is:</p> <p>Afternoon observations in the group home on 6/1/21 from 4:05 PM until 5:55 PM, substantiated by interview with staff, revealed client #5 to be in his bedroom taking a nap. Interview with the qualified intellectual disability professional (QIDP) revealed the client has been spending more time in his room and sleeping in the afternoons during the past several weeks.</p> <p>Review of client #5's IPP dated 4/26/21 revealed the team identified client #5's need for leisure skills and discussed adding a leisure skills program at his IPP meeting. Further interview with the QIDP revealed this may help client #5 with motivation in the afternoons and compete with the client's inactivity and lack of active treatment. However, continued interview with the QIDP and review of the client's IPP, revealed as of the 6/1-2/21 survey, the team failed develop and implement the client's leisure program.</p>	W 227	<p><i>*see attached for all corrections</i></p> <p>DHSR - Mental Health JUN 23 2021 Lic. & Cert. Section</p>	8.2.21
W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p>	W 247		8.2.21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Program Administrator

(X6) DATE

6-15-21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**Plan of Correction
Ora Group Home
Annual Recertification Survey
June 1 – June 2, 2021**

W 227 Individual Program Plan. The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment.

The client (#5) will be supported with a new goal to address the need of leisure skills development. The new goal will be implemented and trained by the QIDP by July 1, 2021. Additionally, the QIDP will work with the Speech Pathologist to form a new communication program to help the client identify his desired leisure activities. The new communication program will be implemented and trained by the Speech Pathologist by July 6, 2021.

Regular assessments, chart reviews, and any follow-up thereby identified, will be conducted by the QIDP, to ensure that client (#5) has an individual program plan which states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment.

Responsible Person(s): QIDP, SLP

Mechanism to ensure compliance: Regular Assessment and review

Frequency of Mechanism: At least quarterly

W 247 Individual Program Plan. The individual program plan must include opportunities for client choice and self-management.

Staff will be in-serviced by the Dietary Manager on client meal participation and family-style dining by July 1, 2021. Additionally, the QIDP will implement meal participation goals for all clients who are currently lacking such formal programs. These programs will be written and trained by July 1, 2021. The QIDP and House Manager will provide ongoing observations and additional training as needed on client meal participation.

Regular assessments and reviews, and any follow-up thereby identified, will be conducted by members of the clinical and management teams, to ensure that clients continue to enjoy opportunities for choice and self-management during mealtimes.

Responsible Person(s): Dietary Manager, QIDP

Mechanism to ensure compliance: Regular Assessment and review

Frequency of Mechanism: At least monthly